

## SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION

1101 EAST FIRST STREET, ROOM 2028 SANFORD, FLORIDA 32771 TELEPHONE: (407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV

| PROJ. #: |  |  |  |
|----------|--|--|--|
|          |  |  |  |

## **OUTDOOR SALES OF MERCHANDISE**

## MUST SUBMIT COMPLETED APPLICATION, FEE AND OTHER REQUIRED DOCUMENTS NO LESS THAN <u>FOURTEEN</u> (14) DAYS PRIOR TO THE EVENT.

| APPLICATION TYPE/FEE         |  |  |   |
|------------------------------|--|--|---|
| ☐ OUTDOOR SALES PERMIT       |  |  | \$75.00   |
| EVENIT INICODNAATION         |  |  |   |
| EVENT INFORMATION            |  |  |   |
| SALES EVENT NAME:            |  |  |   |
| LOCATION ADDRESS:            |  |  |   |
| LOCATION PARCEL ID #:        |  |  |   |
| DATE(S) & HOURS OF EVENT:    |  |  |   |
| ACREAGE OF PROPERTY:         | ZONING:                                  | # OF ATTENDEES/DAY:  | SECURITY: ☐ YES ☐ NO  |
| PROPERTY OWNER               |  |  |   |
| NAME:                        |  | COMPANY:   |   |
| ADDRESS:                     |  |  |   |
| CITY:                        |  | STATE:   | ZIP:  |
| PHONE:                       |  | EMAIL:   |   |
| AUTHORIZED AGENT             |  |  |   |
| NAME:                        |  | COMPANY:   |   |
| ADDRESS:                     |  |  |   |
| CITY:                        |  | STATE:   | ZIP:  |
| PHONE:                       |  | EMAIL:   |   |
| best of my knowledge, and un | derstand that delibe and / or revocation | rate misrepresentation of such information of any approval based upon this | pplication is true and correct to the formation will be grounds for denial application. I also represent that I |
| SIGNATURE OF OWNER/AU        | TUODIZED ADDITO                          | ANT DAT  | ·c  |

(Proof of owner's authorization is required with submittal if signed by agent)

| ATTACHMENT CHECKLIST  |   |
|---|---|
| ☐ APPLICATION   |   |
| ☐ APPLICATION FEE   |   |
| □ NARRATIVE DESCRIBING EVENT  |   |
| SURVEY/SITE PLAN SHOWING THE LOCATION(S) OF ALL PERMANENT AND/OR TEMPORARY STRUCTURE MERCHANDISE, SIGN(S), LIGHTING, SANITATION FACILITIES, TRASH RECEPTACLES, PARKING PLAN AND PEDESTRIA CIRCULATION PLAN. | - |
| ☐ APPLICANT AUTHORIZATION FORM, IF APPLICABLE   |   |
| <b>INFORMATIONAL:</b> EVENTS THAT PROPOSE BARRICADING ANY STREET(S) WILL REQUIRE A PERMIT FROM THE PUBLIC WORKS DEPARTMENT. THEY CAN BE REACHED AT (407) 665-5678   | С |

## SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM OUTDOOR SALES PERMIT

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

| I,  | , the owner of record for the following described property     |  |  |  |  |
|---|--|--|--|--|--|
| (Legal Description or Tax/Parcel ID Number)       |  |  |  |  |  |
| hereby petition Seminole County Board of Coun     | nty Commissioners to grant an Outdoor Sales of Merchandise     |  |  |  |  |
| Permit and affirms that                           | is hereby designated to act as                                 |  |  |  |  |
| my authorized agent for the filing of the attache | ed application and make binding statements and commitments     |  |  |  |  |
| regarding the request. I certify that I have ex-  | amined the attached application and that all statements and    |  |  |  |  |
| diagrams submitted are true and accurate to       | the best of my knowledge. Further, I understand that this      |  |  |  |  |
| application, attachments and fees become part of  | f the Official Records of Seminole County, Florida and are not |  |  |  |  |
| returnable.                                       |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| DATE  | Owner's Signature  |  |  |  |  |
|   | Owner's Name   |  |  |  |  |
| STATE OF FLORIDA COUNTY OF                        |  |  |  |  |  |
|   |  |  |  |  |  |
|   | e, an officer duly authorized in the State of Florida to take  |  |  |  |  |
| acknowledgements, personally appeared             | , who is personally known to                                   |  |  |  |  |
| me or who has produced a                          | as identification and who executed the                         |  |  |  |  |
| foregoing instrument and sworn an oath on this _  | day of, 20   |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   | NOTARY PUBLIC  |  |  |  |  |